

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L55370

1. Entity Name
W. S. HARVESTING, INC.



Principal Place of Business
% NORMA F. CASSENS
3180 N KINGS HWY
FT PIERCE, FL 34951

Mailing Address
P.O. BOX 613
FT PIERCE, FL 34954-0643

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0175774

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSENS-DIXON, CATHERINE
1898 SHINN RD
FORT PIERCE, FL 34945

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000133328
04/27/04-80083-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CASSENS, STEVEN D.
STREET ADDRESS	1876 SHINN RD
CITY - ST - ZIP	FORT PIERCE, FL 34945
TITLE	P
NAME	CASSENS-DIXON, CATHERINE
STREET ADDRESS	1898 SHINN RD
CITY - ST - ZIP	FORT PIERCE, FL 34945
TITLE	S
NAME	DIXON, BRUCE W RD
STREET ADDRESS	1898 SHINN RD
CITY - ST - ZIP	FORT PIERCE, FL 34945
TITLE	T
NAME	DIXON, CATHERINE C
STREET ADDRESS	1898 SHINN RD
CITY - ST - ZIP	FORT PIERCE, FL 34945
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-04 772-461-4615